Community Recognition Fund 2024 Window 3

— Application



E	Email :		
	Application ID :		
	Custom Ref		
o.			
Δ	Application Start Date:		* #
	Application Completed Date:		
			2 0
	Part 1: Organisation Deta	ails	
	Tart 1. Organisation Det	alis	
3	a - 16	6 9	
1	Name of Group / Organisation	o.	w 2
	No Answer Provided		
			¥
2	Address of Group / Organisation		
	Address Line 1		0
	Address Line 2	*	0
	Town		0
	Eircode		0
		5	
3	Your Role in Group / Organisation		
	No Answer Provided		
	*	18	
4	Your contact telephone Number		2 2
	No Answer Provided		
	1	9	
5	Website address if any		2
)	vvedsite address it anv		- A

6	Year Group/Organisation Established
	No Answer Provided
7	What is the purpose of the group / organisation?
	No Answer Provided
8	Type of organisation
	No Answer Provided
9	Is your organisation registered for VAT?
	No Answer Provided
10	Charitable Status Number (if applicable)
	No Answer Provided
	Part 2: Project Background & General Information
11	Why is your area eligible for funding under Community Recognition Fund?
	There must be a high level of new arrivals from the Ukraine or other countries <u>currently</u> living in the area.
9	No Answer Provided
12	Please outline the gaps in community facilities/infrastructure that you feel could be addressed by this funding
	No Answer Provided
13	Please provide details of any community consultation undertaken to understand the need for this project?
	No Answer Provided
14	Please give a brief overview of the project you are proposing
	No Answer Provided

15 Please describe the groups capacity to deliver the project. • Is there a strong committee in place to see through the delivery of the project? Is the group capable of meeting all the requirements of the grant e.g. procurement, project management, financial management, drawdown of funds etc. Is the project ready to be delivered and can it be delivered by the deadline? No Answer Provided Please input the exact location (X-Y co-ordinates) of where the proposed project will be based. 16 This information is required in ITM format. The simple guide we have provided for download above will show you how to find these on https://irish.gridreferencefinder.com 0 X ITEM 0 Y ITEM Please identify the Municipal District in which the proposed project is situated 17 If you are not aware of your Municipal District, please check the map athttps://www.tipperarycoco.ie/your-area and find your district No Answer Provided 18 Does this work form part of a community plan, tidy towns plan or other plan for the town/village/locality? - Please give details if applicable No Answer Provided Which of the following Local Economic and Community Plan(LECP) High Level Goals is your project 19 most closely aligned to? Select one or more of the LECP goals below No Answer Provided

20 Is planning permission required for the proposal?

Please note: If there is a doubt whether planning permission is required or not you should apply for and upload a Section 5 Exempted Development Declaration indicating that the development is exempt from planning permission.

1	Doop the group / arganization guys the land / number 0	
1	Does the group / organisation own the land / property?	
	No Answer Provided	<u> </u>
2	Is the proposed work on public lands?	
	No Answer Provided	
	No Aliswei Provideu	
,	, , , , , , , , , , , , , , , , , , , ,	perated by
	Government Departments or the Local Authority?	
		*
	No Answer Provided	
	Please provide the estimated completion date of the works or project	
	No Assured Devided	+ +
	No Answer Provided	
	Part 3 Funding	
	Part 3 Funding	
	Part 3 Funding	
	Please provide an estimated cost for the project	
	Please provide an estimated cost for the project No Answer Provided	
	Please provide an estimated cost for the project No Answer Provided Please confirm that capital expenditure makes up the entirety of the costs. Operational	or running
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	Please provide an estimated cost for the project No Answer Provided Please confirm that capital expenditure makes up the entirety of the costs. Operational costs are not permitted.	or running
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27 Please provide details of funding requested below:

Please ensure you complete the table below, an outline view of the project is acceptable at this point

The minimum level of funding for an individual project is €50,000 with a maximum of approximately €60,000 applying.

Cost Breakdown	Description e.g. Plumbing, electrical works, roof works, Equipment etc	Cost€
Α	0	0
В	0	0
С	0	0
D 4	0	0
* ,	Total	0.00

28 Please outline the rationale behind this budget

Please give as much detail as possible about how you arrived at the cost of this project - this will strengthen your application. Where you have quotes from contractors, you can attach these as evidence in the next question

No Answer Provided

29 Please upload 1 quotation for each element of the project

We need to have a realistic estimate for the project.

30 Does your group have funds in place to support this project or part support? Please give details.

31 Please state where you will source any shortfall of funding if applicable.

Please provide these details in the table

Source	Amount €	
0	0	
0	0	
0	0	
0	0	
0	0	-
0	0	
Total	0.00	

Has the proposed project (or elements) previously been awarded funding under any other Governments Departments scheme, if so please provide details.

Please note that this fund is not available for match funding purposes.

No Answer Provided

Part 4: Procurement & Supporting Documentation

- Where procurement has already taken place, please use this section to upload relevant documentation.
- 34 Please use this section to upload any further documentation in support of your application
- 35 Please provide any other information that you consider relevant to this application.

Part 5: Declaration & Authenticated Signature

36 Signed

I declare that the information given on this form is accurate and correct.

I confirm that I have read the Terms & Conditions of the Community Recognition Fund prior to completing this form.

I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.

I confirm that the applicant group/organisation is tax compliant (if tax registered).

I confirm that I am authorised to apply for this funding on behalf of my group, and this has been noted and minuted at group meetings.

I understand that the information in my application will only be shared with the relevant Tipperary County Council staff.

Application information may also be shared with independent evaluators and elected members for the purposes of project evaluation and consultation. Individual contact details will not be shared during this process.

I consent to this sharing of information.

No Answer Provided

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Application ID:

PO number: